

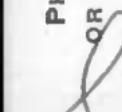
Name
in
Full

Robert Brady Jr.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Died at		Town	County		MARYLAND	
Chesapeake City		Cecil				
Date of death	Month	Day	Years	Months	Days	
1907	June	30	—	3	—	
Sex	Color or Race	Age		Birth-place		
Male	Colored	—		Chesapeake City		
Occupation	Where Residing if not at place of death					
Infant	✓					
Married, Single or Widowed	Name of Wife or Husband					
—	—					
Father's Name	Father's Birthplace					
Robert Brady	Maryland					
Mother's Maiden Name	Mother's Birthplace					
Margaret Roe	Maryland					
Name of person giving Information	How related to deceased					
Ann Roe	his mother					

CAUSES OF DEATH

61

How long

4 days

How long

one day

Primary

Cerebral Meningitis

Immediate

Convolusions

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

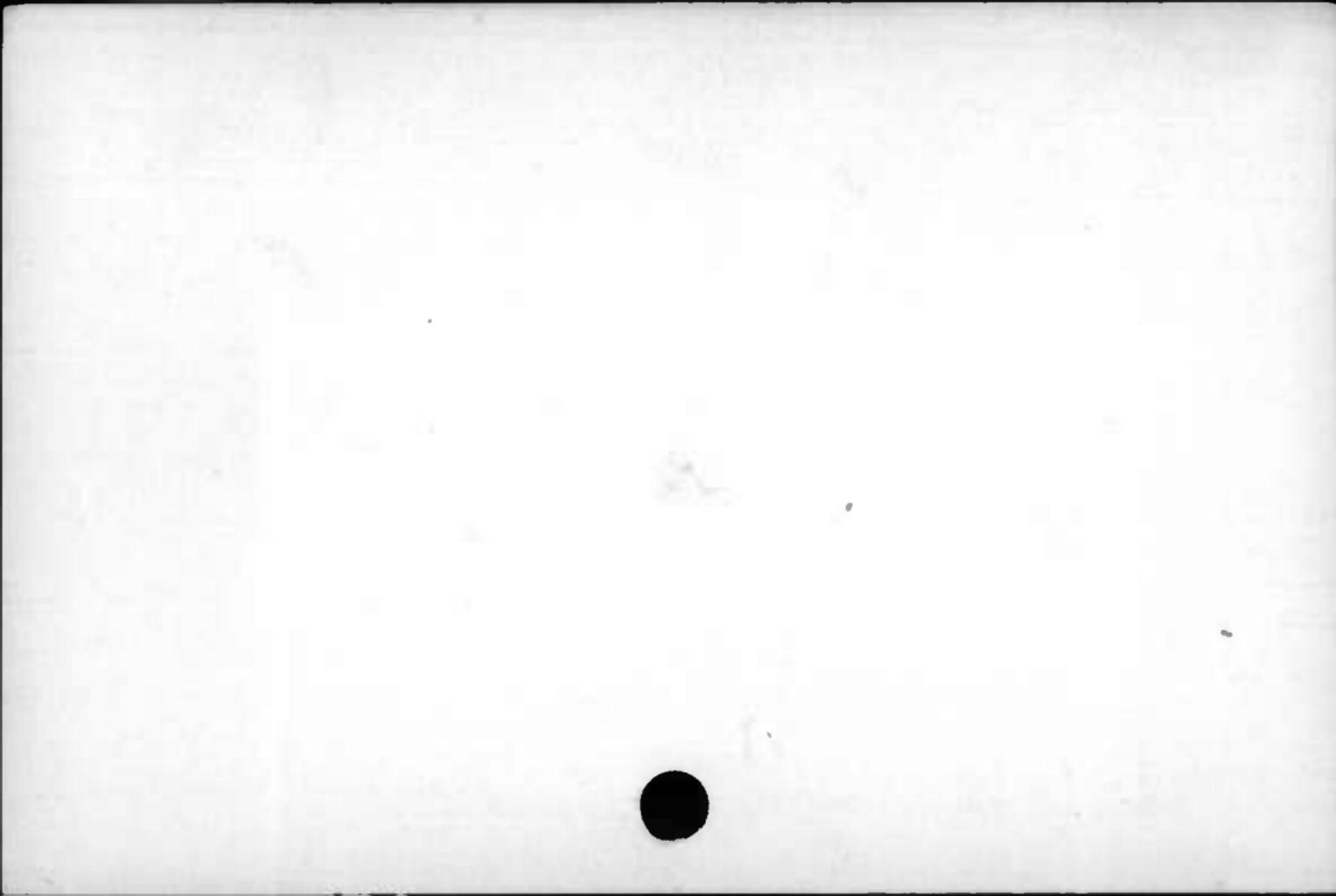
Address

W.C. Kaesner

Chesapeake City, Md.

Accident or Suicide?

X



Name
in
Full

Elaura G. Calant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

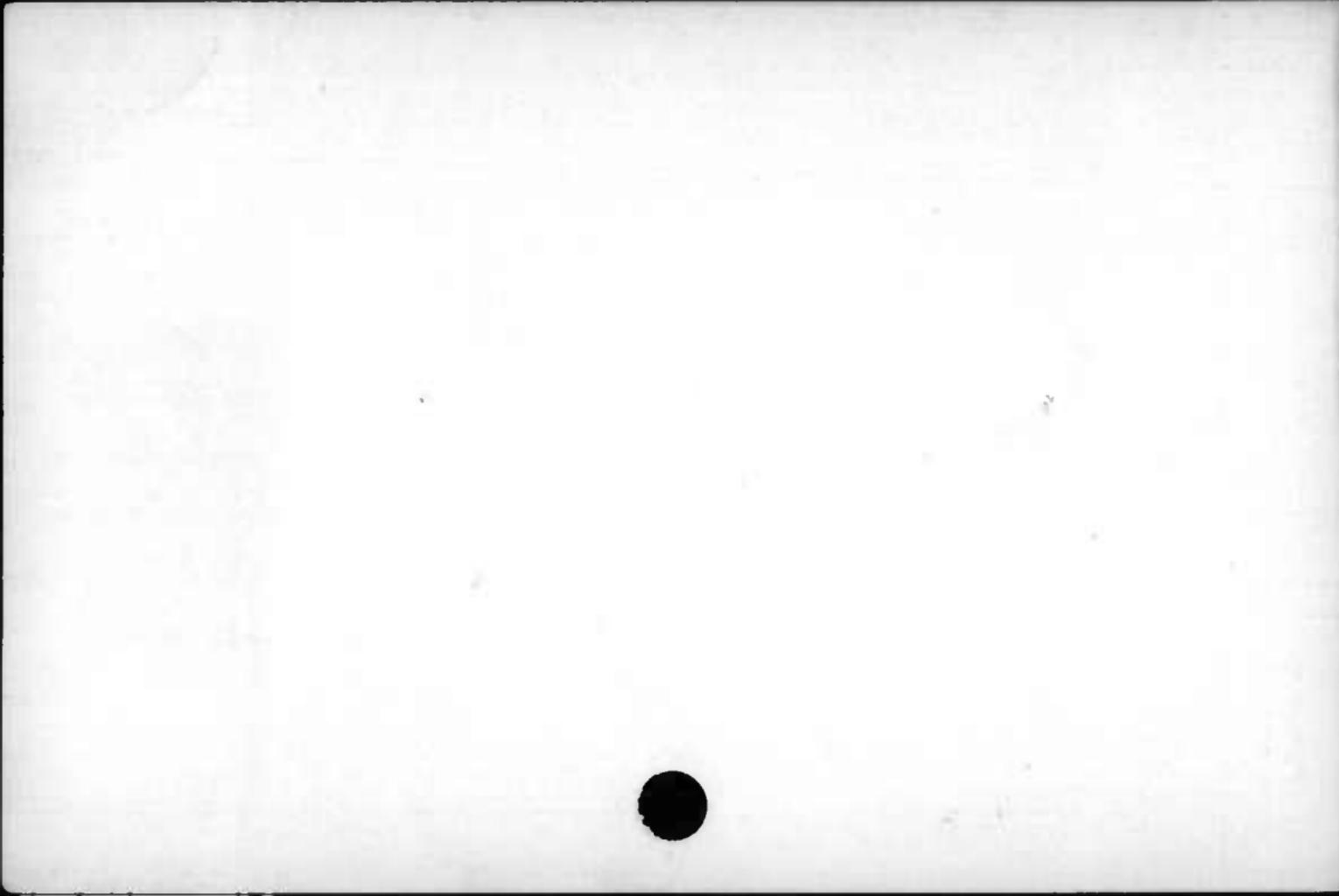
Died at <u>Perryville</u>		County <u>Cecil</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>2nd</u>	Years <u>Age 16</u>	Months <u>11</u>	Days
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Cecil Co. Md</u>			
Occupation <u>School Boy</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>William J. Calant</u>	Father's Birthplace <u>Cecil Co. Md</u>				
Mother's Maiden Name <u>Mary E. Boyd Calant</u>	Mother's Birthplace <u>Cecil Co. Md</u>				
Name of person giving Information <u>William J. Calant</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

172

Primary	How long	
Immediate <u>Accidental Drowning</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	<u>Lucketta Nelson</u>
	Address	<u>Coroner of Cecil Co.</u>
Accident or Suicide <u>Accident</u>	<u>Elkton, Md.</u>	

PHYSICIAN
OR CORONER



Name
in
Full

Louisa Cather

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

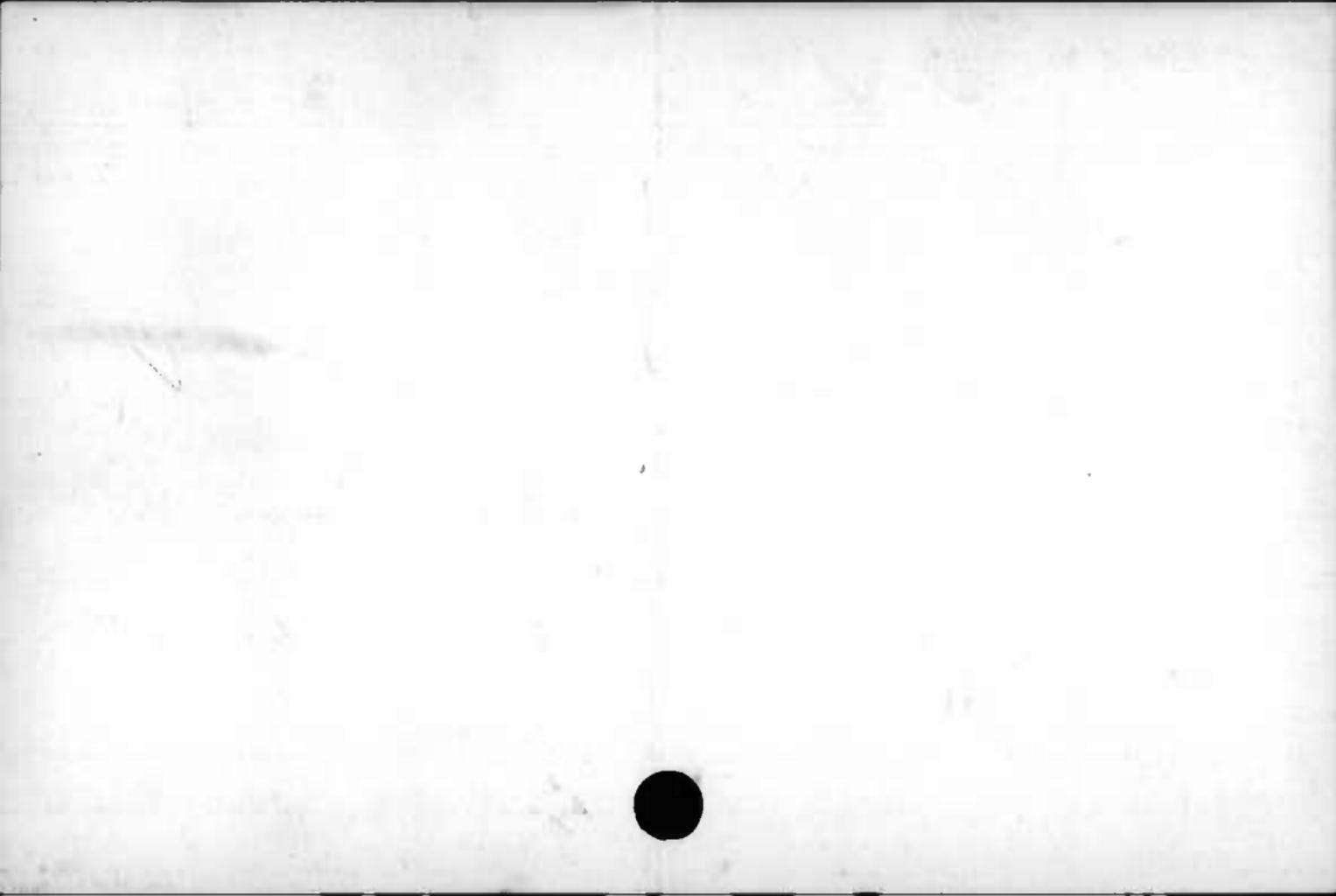
Died at	Town	County	MARYLAND		
Date of death 1907	Month July	Day Twelfth	Years 63	Months	Days
Sex Female	Color or Race	White	Birth-place Baltimore		
Occupation House Keeper	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband	E C Cather			
Father's Name Joseph Williams	Father's Birthplace unknown				
Mother's Maiden Name unknown	Mother's Birthplace unknown				
Name of person giving information E C Cather	How related to deceased Husband				

CAUSES OF DEATH

26

PHYSICIAN
OR CORONER

Primary	Tuberculous, Laryngitis 2 years	
Immediate	Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	How long
Yrs	Ernest Rowland	How long
	Address	Liberty Grove
Accident or Suicide?		no



Name
in
Full

Reuben Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1907	Month July	Day 14	Years 17	Months	Days
Sex	Male	Color or Race	White		Birth-place	Ed
Occupation	Boat builder					Where Residing if not at place of death
Married, Single or Widowed	Single					Name of Wife or Husband
Father's Name	James Clark					Father's Birthplace
Mother's Maiden Name	Margaret Cannon Clark					Mother's Birthplace
Name of person giving information	Henry Vining					How related to deceased
CAUSES OF DEATH						
Primary	172					How long
Immediate	Accidental drowning					How long

Are the name, age, sex, color, date and place correctly given above?

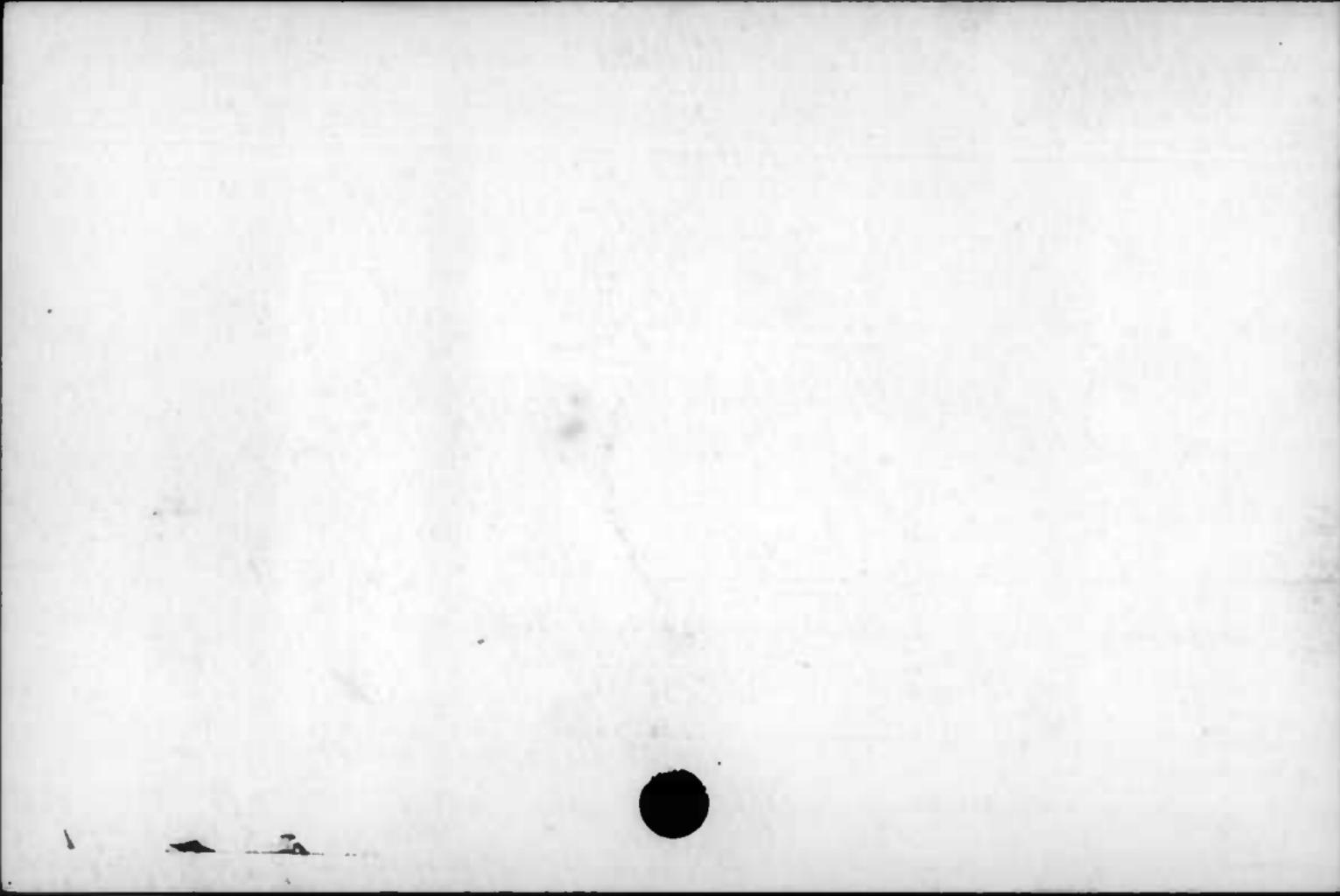
Signature of Physician

Address

Hickcots & Olson
Coroner of Cal. Co.
Elkton, Md.

Accident or Suicide?

Accident



Name
in
Full

William Alfred Beauman CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County	State	
Date of death		Month	Day	Years	Months Days
Sex	Male		Color or Race	White	
Occupation	Builder		Where Residing If not at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband	Sarah Common	
Father's Name	Wm E. Common		Father's Birthplace Maryland		
Mother's Maiden Name	Sarah Miller		Mother's Birthplace Pennsylvania		
Name of person giving Information	Sarah Common		How related to deceased Wife		

CAUSES OF DEATH

Primary	Acute Gastritis	(64)	How long	4 hours
Immediate	Cerebral Aneurysm		How long	1/2 hour
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	O. P. Corriss M.D.
			Address	Cherry Hill, Md.
Accident or Suicide?				

18/

Name
in
Full

John S Gabler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Near Rowlandsville Carroll County

MARYLAND

Date of death 1907 Month July Day 31 Years 46 Months Days

Sex Male Color or Race white Birth-place Carroll Co Pa

Occupation Well driller & pump repairer Where Residing if not at place of death

Married, Single or Widowed Widower Name of Wife or Husband Ella Herblitt

Father's Name Unknown

Father's Birthplace Unknown

Mother's Maiden Name Unknown

Mother's Birthplace Unknown

Name of person giving Information Wife of Herblitt

How related to deceased

Brother in law

CAUSES OF DEATH

27

Primary Acute Pulmonary Tuberculosis

How long one year

Immediate Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Ernest Howland
Liberty Grove
md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Jane Harris

Died at	Town	Cecil County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1907	July	3	17	1	2
Sex	Female	Color or Race	colored	Birth-place	Wilmington Del.
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Alfred Harris		
Father's Name	Abraham Anderson	Father's Birthplace	Delaware City Del.		
Mother's Maiden Name	Mary Martin	Mother's Birthplace	Elkton		
Name of person giving information	Alfred Harris	How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Sapromia

30

How long

7 days

Immediate

Heart failure

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

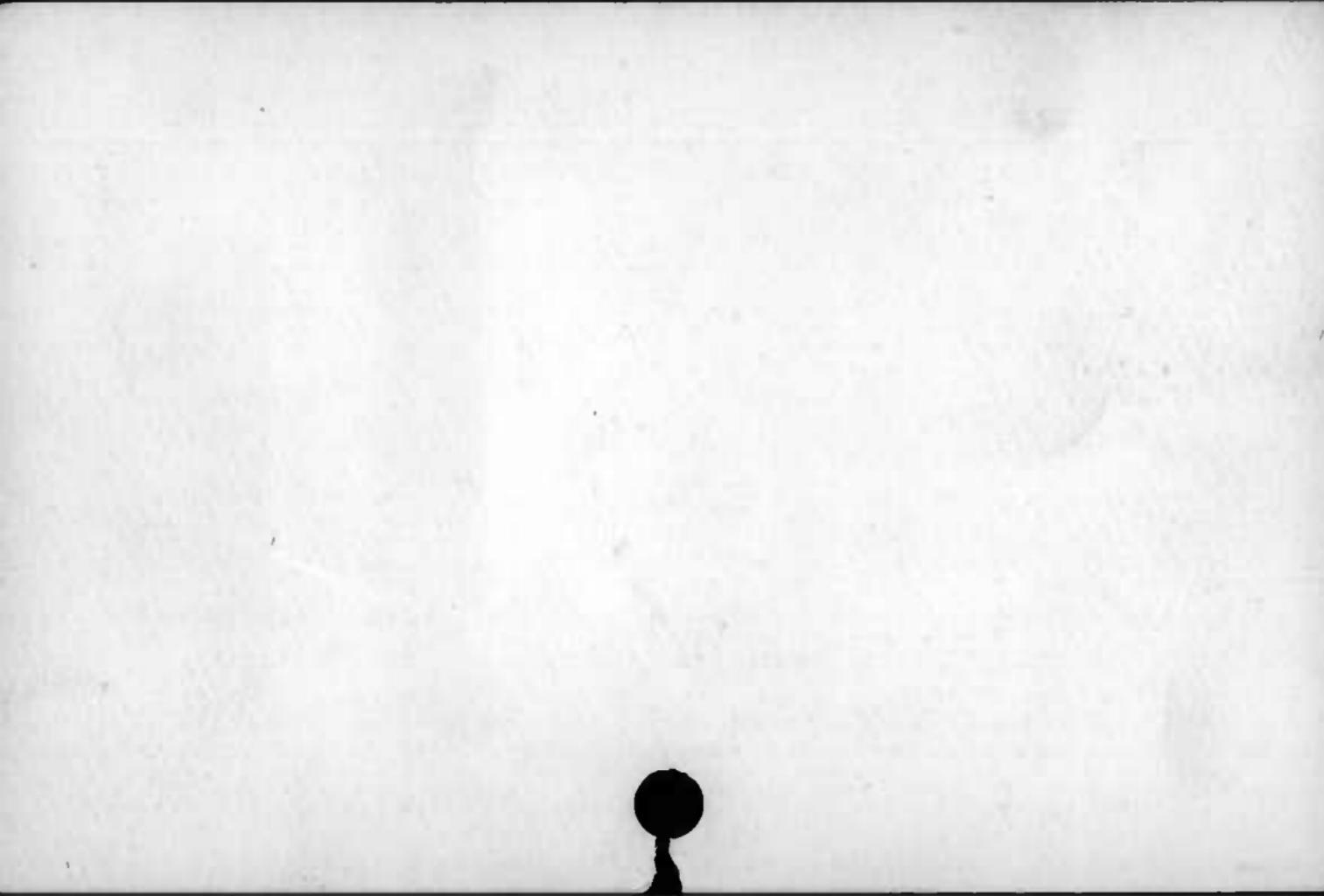
Yes

Signature of Physician

Winfred A. Morrison
Elkton, Md.

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Charles Iwir					CERTIFICATE OF DEATH		
Died at Rowlandselle		County Cecil			MARYLAND		
Date of death 1907	Month July	Day 25	Age 1	Years	Months 5	Days 22	
Sex Male	Color or Race white	Birth-place Rowlandselle					
Occupation None (child)	Where Residing if not at place of death						
Married, Single or Widowed Single	Name of Wife or Husband						
Father's Name J W Iwir	Father's Birthplace Can be Pa						
Mother's Maiden Name E L Wolf	Mother's Birthplace York "						
Name of person giving Information J W Iwir	How related to deceased Father						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Drowned (Accidental)

172

How long

-

Immediate

How long

-

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Ernest Rowland

Address

Liberty Grove, Md.

(Accident)

Accident or Suicide?



Name
in
Full

Rose Ella Jamison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Eckton

Town

County

MARYLAND

Date
of death

190

Month

July 30

Day

Years

Months

Age

Days

18

Sex

Female

Color or
Race

white

Birth-
place

Eckton

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

John Jamison

Father's
Birthplace

N.J.

Mother's
Maiden Name

Mary E Ridge

Mother's
Birthplace

Pa.

Name of person giving
information

John Jamison

How related
to deceased

Father

CAUSES OF DEATH

105

How long

Primary

Chronic Asthma

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

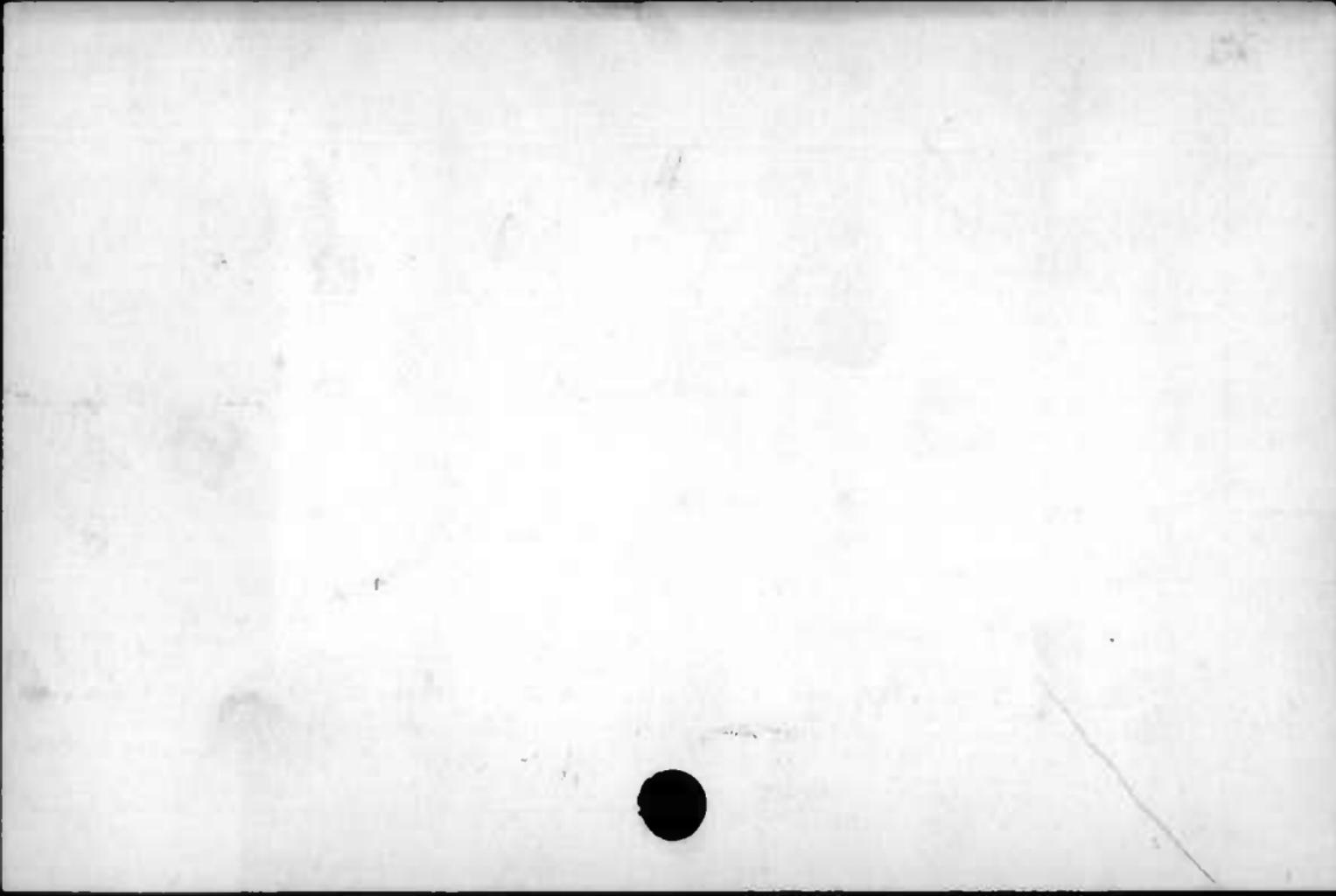
Signature of
Physician

Wm Cawley
Eckton
Md.

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Rachel Merritt

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Warwick</u> Town		<u>Ocie</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>17</u>	Age <u>88</u> Years	Months <u>2</u>	Days <u>10</u>
Sex <u>Female</u>	Color or Race <u>White - American</u>			Birth-place <u>Bethel, Md</u>	
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Warwick, Md.</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife Husband <u>Jos. Merritt</u>				
Father's Name <u>Richard Boudin</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Doreas Boudin</u>			Mother's Birthplace <u>Unknown</u>		
Name of person giving information <u>Annie Dueaney</u>			How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Chronic Endocarditis and Nephritis

How long Unknown

Immediate Exhaustion

How long or 5 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

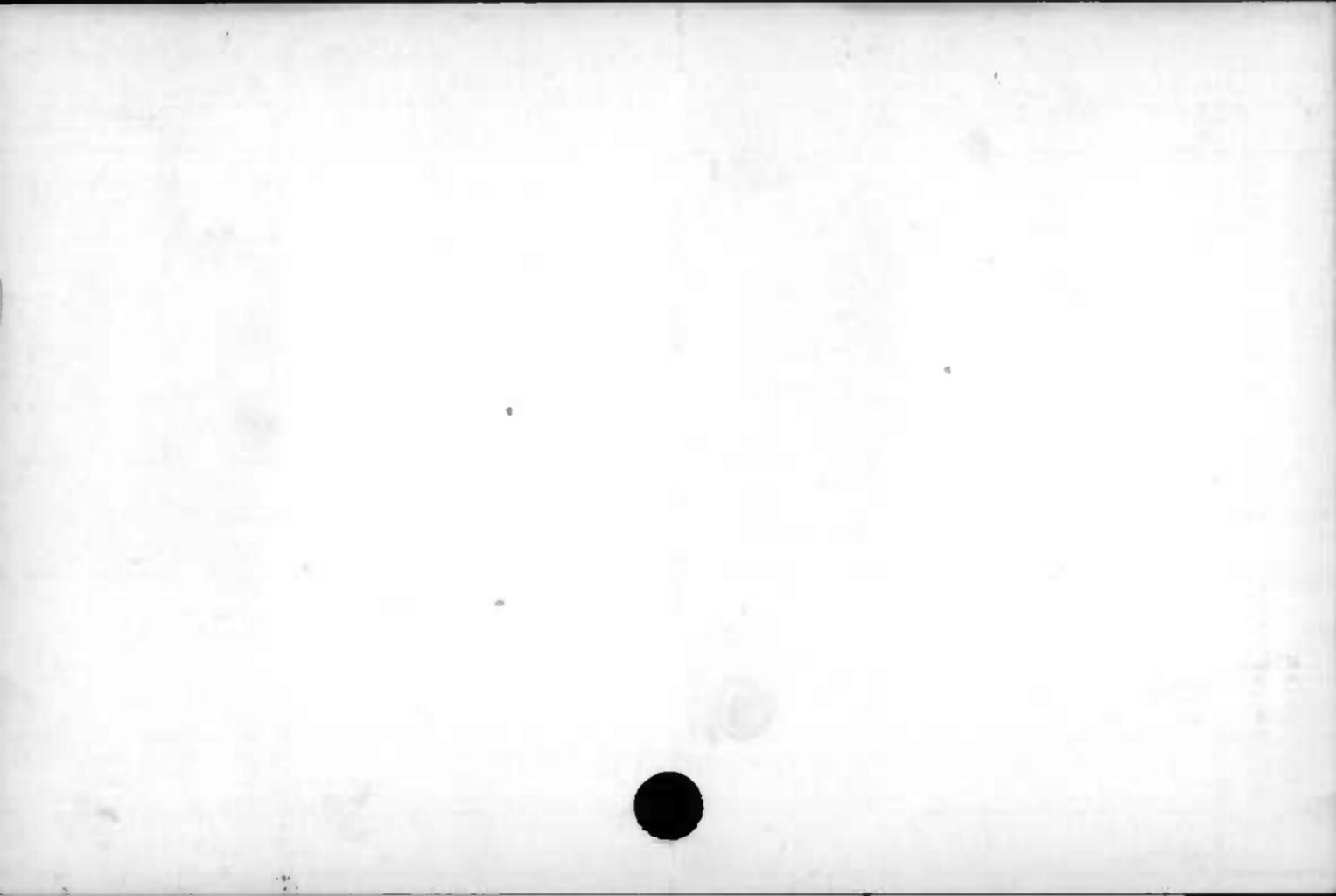
Address

J. J. Wright

Warwick,

Md.

Accident or Suicide?



Name
in
Full

Mary Triceli

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1907	July	12	Age 45	4	14
Sex	Female	Color or Race	white	Birth-place	Italy
Occupation	Wif.	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Ariano Triceli		
Father's Name	Cornelius Cordella				
Mother's Maiden Name	Catharine Gallo				
Name of person giving information	Annie Albanese				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Chronic nephritis

How long

4 yr

Immediate

Are the name, age, sex, color, date and place correctly given above?

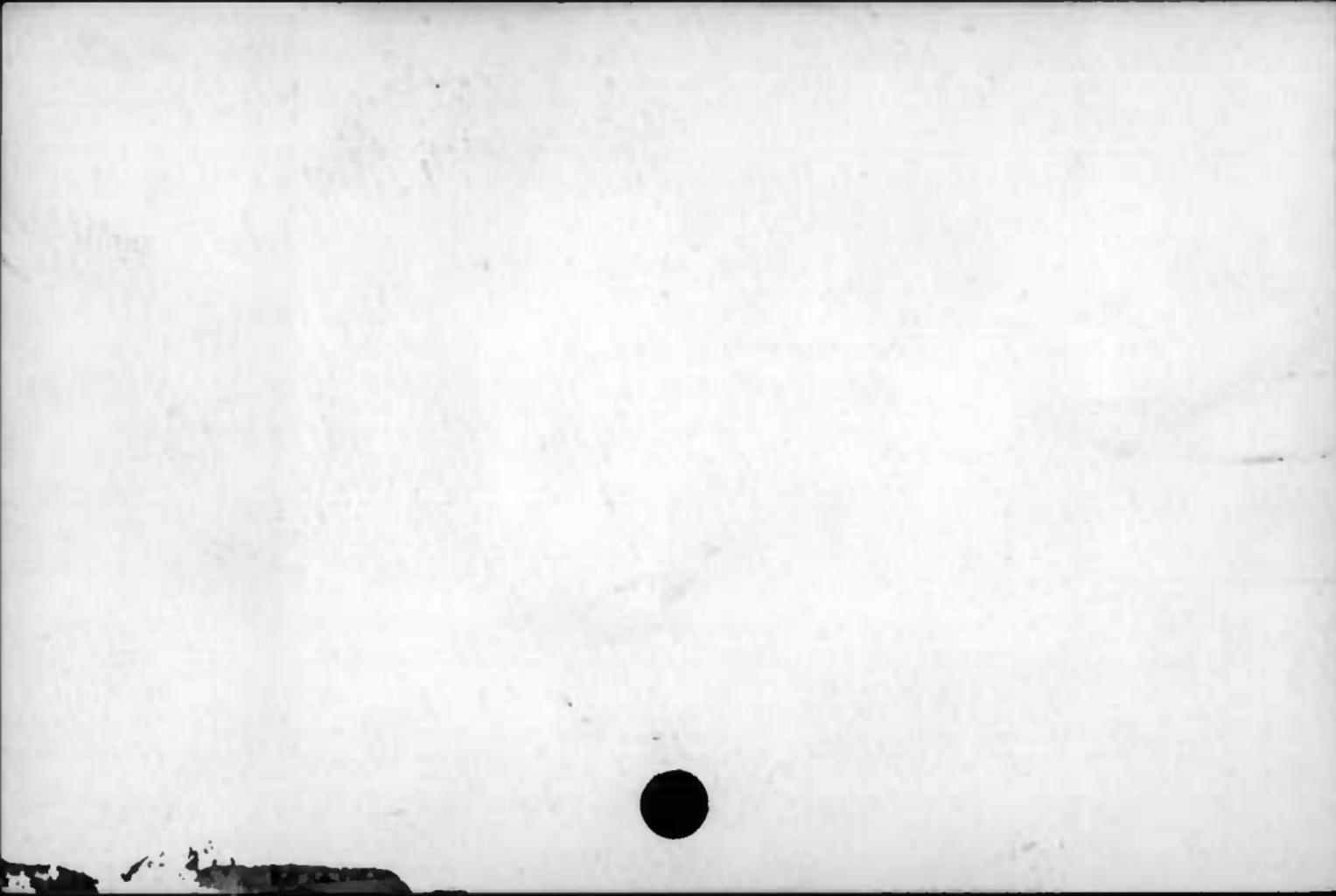
Yes

Signature of Physician

Address

Althene Mitchell No
Elkton Md

Accident or Suicide?



Name
in
Full

Elizabeth Price.

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>Elkton</u>		County <u>Cecil</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>7</u>	Day <u>20</u>	Years <u>—</u>	Months <u>3</u>	Days <u>20</u>
Sex <u>Female</u>	Color or Race <u>colored</u>	Birthplace <u>Elkton</u>			
Occupation <u>Infant</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		Father's Birthplace <u>Unknown</u>		
Father's Name <u>Samuel Sakers</u>	Mother's Birthplace <u>Eastville Md.</u>			Mother's Maiden Name <u>Mattie Price</u>	
Mother's Maiden Name <u>Mattie Price</u>	How related to deceased <u>Mother</u>			Name of person giving information <u>Mattie Price</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Enteritis</u>	105	How long <u>7 days</u>
Immediate <u>Exhaustion</u>		How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Winfield T. Morrison</u>	Address <u>Elkton, Md.</u>
Accident or Suicide? <u>—</u>		

R. T. Jones

Bury 7/23/07

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Geo. W. Reed				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Date of death	1907	Month 7	Day 30	Age 38 Years	Months	Days
Sex	Male	Color or Race	Black		Birth-place	
Occupation	Farm Work		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Kati White			
Father's Name	Geo. W. Reed				Father's Birthplace	Hartford Co. Conn
Mother's Maiden Name	Aiyiijj. Lollar				Mother's Birthplace	Del
Name of person giving Information	John Reed				How related to deceased	Brother
CAUSES OF DEATH						
Primary	120					
Immediate	How long					
Are the name, age, sex, color, date and place correctly given above?	Six weeks					

Signature of Physician	Address
R.M. Black Baltimore Md	
Address	
Accident or Suicide?	No



Name
in
Full

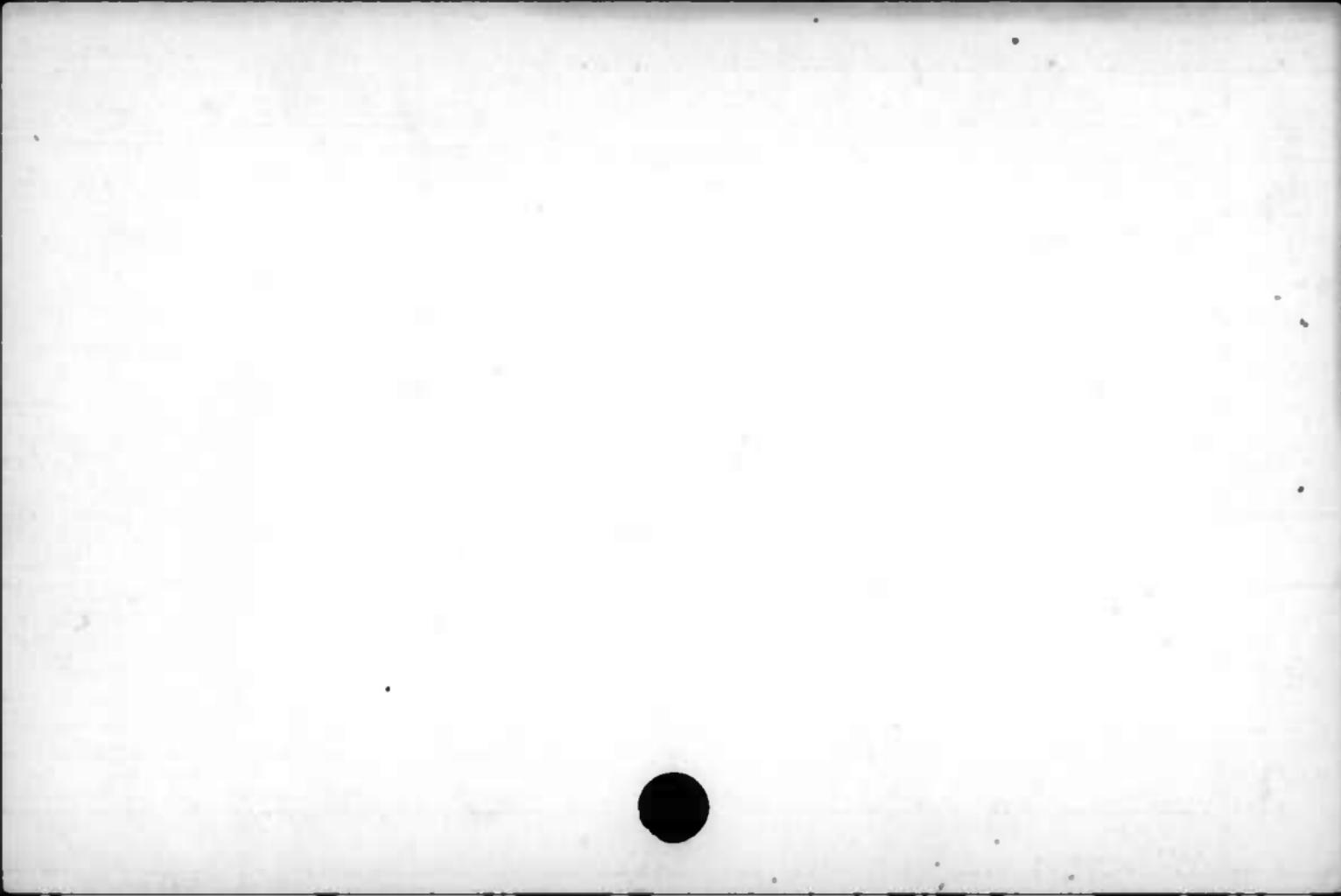
TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

<h1>H Dora Reynolds</h1>						
Died at		Town	County			
Date of death	1907	Month July	Day 27	Years 18	Months 3	Days -
Sex	Female	Color or Race	White	Birth-place	Cecil Co	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	H J Reynolds			Father's Birthplace	Cecil Co	
Mother's Maiden Name	Annie M Lynch			Mother's Birthplace	" "	
Name of person giving information	H J Reynolds			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Dysphoria, lung		How long Dysphoria How long Over 2 mos.
	Immediate	Diseases & palsies		
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician S. J. Fife	Address Post Office, Md.
Accident or Suicide				



Name
in
Full

Thomas E. Scott

CERTIFICATE OF DEATH

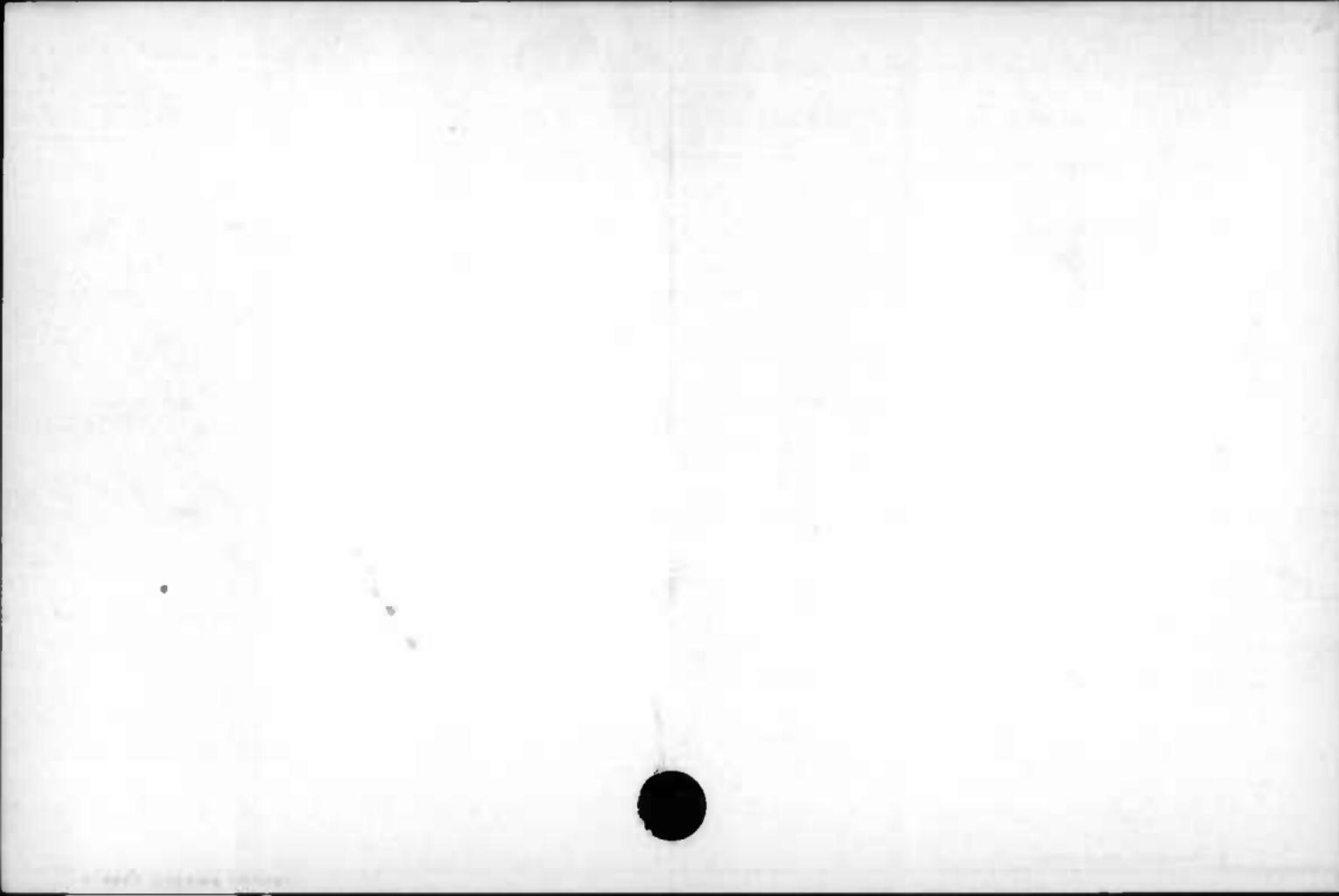
TO BE ANSWERED BY
NEAREST FRIEND

Died * near Bethel in Delaware County				MARYLAND	
Date of death	1907	Month	July	Day	14
Age	9	Years		Months	
Sex	male	Color or Race	colored	Birth-place	Maryland
Occupation	Tow		Where Residing if not at place of death		
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	Thomas Scott		Father's Birthplace	Md	
Mother's Maiden Name	Miss Gordy Scott		Mother's Birthplace	Md	
Name of person giving information	State B York		How related to deceased	Not at all	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	172	How long
Immediate	Accidental drowning	How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?	Accident	Elkton, Md.



Name
in
Full

John L Taylor

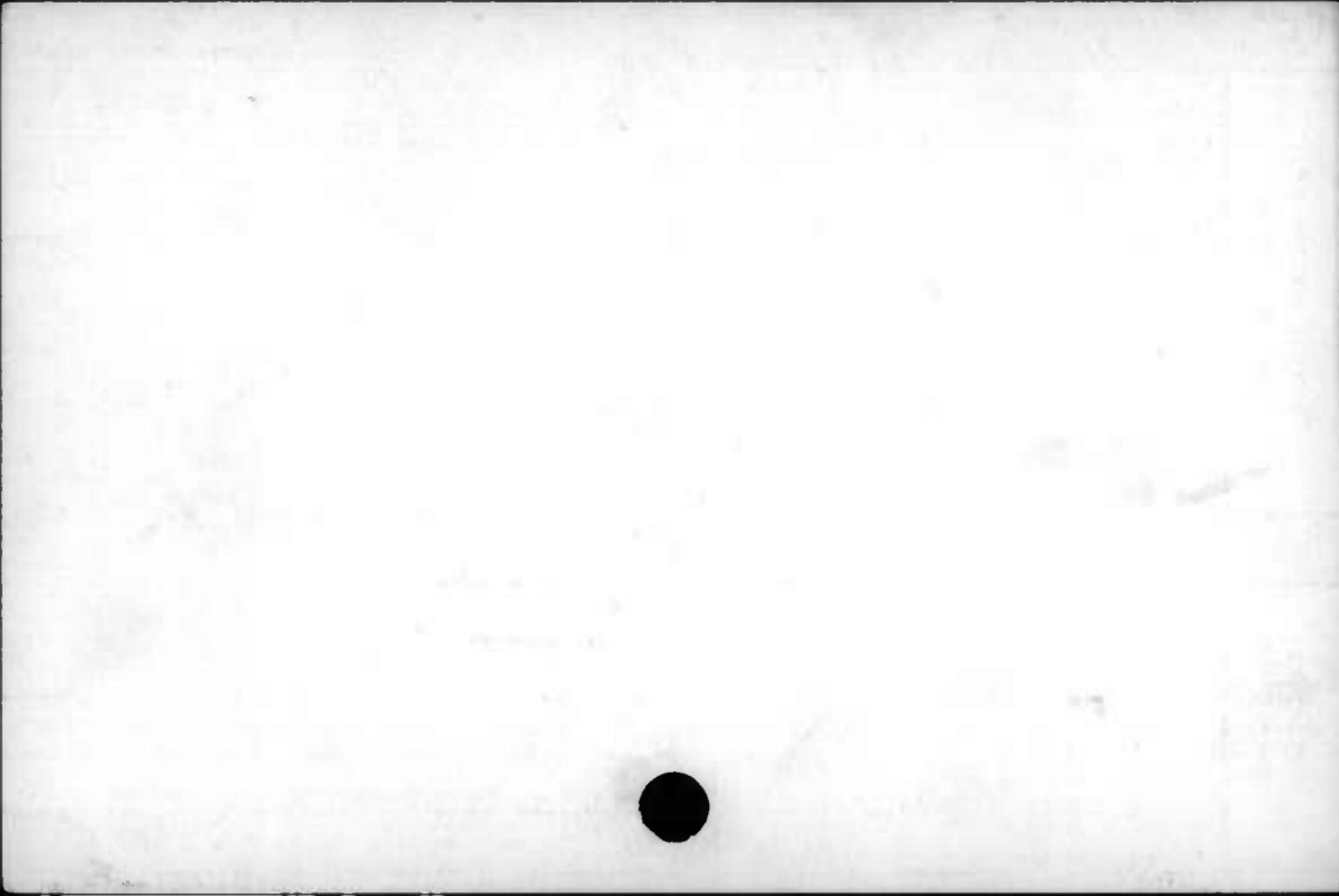
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of Death	Month	Day	Years	Months	Days
1907	July		68		
Sex	Color or Race	Birth-place			
Male	White	Oxford Pa			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Carrie J Taylor			
Married		John Taylor Pa			
Father's Name					
Mother's Maiden Name	Samay Johnson Pa				
Name of person giving Information	Cannie J Taylor Pa				
CAUSES OF DEATH					
Primary	Phthisis				
Immediate	Exhaustion				
Are the name, age, sex, color, date and place correctly given above?			27		
Signature of Physician			H E Clinton		
Address			Rt 1 Superior Ind		

Accident or Suicide?



Name
in
Full

William Frank Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month 7	Day 26	Age —	Years —	Months —	Days 21
Sex	Male	Color or Race	Colored		Birthplace	Garrison	
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Frank Wilson		Father's Birthplace		Md		
Mother's Maiden Name	Margaret Moore		Mother's Birthplace		Md		
Name of person giving information	Frank Wilson		How related to deceased		Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	151	How long
Immediate	Malaria	How long 15 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	R. M. Black
	Address	Garrison Garrison Md
Accident or Suicide?		

